

Provisional Certification Authentication Form

Revised January 2022



TO BE COMPLETED IN FULL BY YOUR MANAGER/SUPERVISOR

INSTRUCTIONS

This section is to be completed by the Manager/Supervisor who directly oversaw the provisional certificant's work/volunteer experience. Providing you are in a position above the applicant, this section can be completed by: Lead Techs, Coordinators, Supervisors, Managers, Directors, Chiefs, Administrators, or Hospital-Based Educators/Trainers. By completing this section you attest that the employee/volunteer listed below has completed the minimum 400 hours of hands-on experience required for this certification and will verify as much if called upon. The certificant **cannot** complete any part of this form.

Hands-On Experience Documentation

(To Be Completed By the Provisional Certificant's Manager/Supervisor) **Please Note:** All information on this form must be completed/initialed, and **no part of the form can be completed by the certificant.**

Manager/Supervisor Experience Verification

Following each area of experience are several examples of the types of duties that fulfil the requirement. Each of the six areas are mandatory, and must be completed in full. If the certificant completed their experience in more than one facility, please submit additional copies of this page, with the Manager/Supervisor of each department completing a copy and indicating the specific number of hours completed under their supervision in each area.

The Manager/Supervisor's handwritten initials are required for each area of experience completed below:

1. Decontamination (120 Hours)

INITIAL

Blood-Borne Pathogens, Soiled Item Transport, Safety (e.g. Chemical Handling, Sharps), Manual Instrument Cleaning, Mechanical Cleaning (e.g. Washers, Ultrasonic Cleaners), Decontamination Area Disinfection Processes, Interpreting Manufacturer's IFUs (e.g. Device Cleaning, Equipment Operation, Chemical, Enzymatics/Detergents, Current Measurements/Concentration, Soak Time), Item Receiving & Traceability

2. Preparing & Packaging Instruments (120 Hours)

INITIAL

Identification, Inspection/Testing of Instruments, Inspection/Testing of Containers & Wrapping Material, Assembly, Packaging Techniques (e.g. Pouches, Flat Wraps, Rigid Containers), Labeling

3. Sterilization & Disinfection (96 Hours)

INITIAL

High Temperature Sterilization Processes, Low Temperature Sterilization Processes, Logging & Record Keeping (e.g. Sterilization/HLD, Biologicals/Incubation), Handling & Putting Away of Sterile Supplies, Automated/Manual Disinfection, Trouble Shooting (e.g. Aborted/Failed Cycles, Wet Loads, Repairs)

4. Storage & Distribution (24 Hours)

INITIAL

Clean & Sterile, Handling & Putting Away of Sterile Supplies, Rotating Supplies, Inventory & Restocking Carts/Shelves (e.g. Inventory Systems, Par Levels), Event Related Shelf Life/Expiration Dating, Cleaning Storage Shelves, Case Carts (e.g. Assembly, Pick Lists & Locator Systems)

5. Quality Assurance Processes (24 Hours)

INITIAL

Interpreting Manufacturer's IFUs (e.g. Device Inspection & Testing, Sterilizers), Standards, Regulations, Policies & Procedures, Documentation & Record Keeping (e.g. Management, Area Cleaning), Quality/Functionality Testing Processes (e.g. Sterilizer, Washer Testing, HLD)

6. Equipment (16 Hours)

INITIAL

Cleaning, Inspection and/or Preparation of Patient Care Equipment, Equipment Functionality Check (e.g. Autoclaves, Sterilizers, Washers), Familiarity with Routine Maintenance Guides for Equipment, Equipment Tracking

Printed Name of Certificant Being Verified: _____ HSPA ID#: _____
Leave blank if unknown

Facility Where Certificant's Experience Was Obtained: _____

Facility Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____

Dates When Certificant's Experience Was Obtained (must have occurred within the past 5 years): ____/____/____ to ____/____/____
Month/Date/Year Month/Date/Year

Is the Certificant a Current Employee of the Facility? Yes No

Printed Name of Manager/Supervisor Verifying Experience: _____

Current Position Title of Manager/Supervisor: _____ Date: _____

Manager/Supervisor's Signature _____
Handwritten signature required

Manager/Supervisor's Work Phone (with extension): (_____) _____
Personal phone numbers cannot be used (such as home or mobile)

Manager/Supervisor's Work Email: _____

Personal email accounts cannot be used (such as gmail, yahoo, hotmail, etc)